

**INTERPRETER'S REPORT OF SERVICES AND
CLAIM FOR COMPENSATION AND EXPENSES**

TO: U. S. District Court
P. O. Box 1234
Roanoke, VA 24006
ATTN: Steve Carter

NAME / FIRM: _____
ADDRESS: _____

IN THE CASE OF: _____

SOC. SEC. OR TAX I.D. #: _____

CRIMINAL/CIVIL CASE NUMBER: _____

Beginning of Assignment -

Date & Time of departure from home: _____/_____/_____ **Time of arrival to divisional office:** _____

End of Assignment -

Date & Time of departure from Jail/Location: _____/_____/_____ **Time of arrival to home:** _____

Itemization of Services and Costs:

<u>Dates(s)</u>	<u>Number of Hours/ Days</u>	<u>Cost Per Hours/ Day</u>	<u>Total Compensation</u>		<u>Other Expenses (Including travel)</u>	<u>Total Cost</u>
_____	_____	_____	_____	+	_____ (*)	= _____
_____	_____	_____	_____	+	_____	= _____

TOTAL COST OF CLAIM \$ _____

ACTUAL TRAVEL EXPENSES (if applicable)

Total Round Trip Miles: _____ @ \$.555 cents/mi. = \$ _____

(Must be a minimum of 30 miles one way from interpreter)

For Overnight:

Hotel Fees:	\$ _____	Parking Fees:	\$ _____	TOTAL AMOUNT OF EXPENSES:
Meals:	\$ _____	Cab Fare:	\$ _____	\$ _____
Air Fare:	\$ _____			

(Subsistence can not exceed more than the 150% established travel rates issued by the Admin. Office of the U. S. Courts)

The following information is provided in support of the above services:

Type of Interpretation Provided: _____ Simultaneous _____ Consecutive _____ Summary

Language: _____ **Please check one:** _____ AO Certified _____ Professionally Qualified _____ Language Skilled

Type of Proceeding: _____ _____ Defendant _____ Witness

CERTIFICATION: I hereby certify that I rendered the services described herein, that said services were rendered in accordance with the Contract Court Interpreter Services Terms and Conditions, and that no other federal court unit such as: Federal Public Defender, Community Defender Organization or other attorneys or entities obtaining interpreting services under the CJA or the Defender Services appropriation has been or will be billed for the same period of service, cancellation or travel expenses.

No _____ / **Yes** _____ (list Agency/Attorney: _____ **Time / from:** _____ **to:** _____)

(Signature of Interpreter)

Date

INSTRUCTIONS

Use this form to claim compensation and expenses and to report services rendered by an interpreter (other than CJA interpreters). The Court Interpreters Act, Public Law 95-539, enacted October 28, 1978, provides for the more effective use of interpreters in courts of the United States. The Act Requires the Director of the Administrative Office of the United States Courts to report annually to the Congress with respect to requests for, and the use and effectiveness of, interpreters. This form is designed to support payments made to the interpreters and help collect data for the report to Congress.

GENERAL

This form will be executed by the interpreter with the assistance of the clerk of court's office to support requests for payment to the interpreter and will be attached to Standard Form 1034 - "Public voucher for Purchases and Services Other Than Personal." There is a general authorization to pay interpreters appointed by the court for interpreting judicial proceedings based on the Court Interpreters Act. Cite the Act on the SF 1034 as authorization for payment. The Common Accounting number (CAN) to be listed in the accounting classification block of the SF 1034 shall be: (1) 9309 for appearances before a U. S. district or circuit judge; (2) 9600 for appearances before a U. S. magistrate or (3) 9909 for appearances before a bankruptcy judge. The computation of compensation and expenses of interpreters shall be in accordance with Subpart H of the court interpreter's regulations. Any questions concerning this form should be directed to the Chief of the Budget Branch, Administrative Office of the United States Courts, (FTS) 633-6131.

PRESIDING JUDICIAL OFFICER

Indicate the name and title of the presiding judicial officer in whose court the interpreter services were provided, as well as the case name and number.

PAYEE INFORMATION

Provide the complete name and address of the payee submitting the claim. (If the payee is not the interpreter, the interpreter's name and relationship to the payee should be provided parenthetically following the payee's address.) A taxpayer identifying number must be supplied UNLESS payment will be made to a corporation. The laws of the United States require the interpreter to furnish his taxpayer identifying number to the Director of the Administrative Office. I.R.C. 6109, 26 C.F.R. 301.6109-1(c) (1978). If the interpreter's taxpayer identifying number is a social security number, the following notice is given to the interpreter:

NOTICE CONCERNING TAXPAYER IDENTIFYING NUMBER

You hereby are notified, pursuant to the Privacy Act of 1974, Public Law No. 93-579, 7(b), 88 Stat. 1896, 1909, that disclosure of your social security is mandatory. The authority for the solicitation of your number I.R.C. 6041, 6109; and 26 C.F.R. 301.610901 (1978). The Director of the Administrative Office of the United States Courts will use your social security number to make information returns to the Secretary of the Treasury.

CERTIFICATION

The interpreter, under penalty of perjury, will date and sign the form as indicated.

PAYMENT APPROVAL

The presiding judicial officer will sign the form which will be the authorization for the clerk to make payment.